

ISSUE FEE TRANSMITTAL

U.S. Department of Commerce
Patent and Trademark Office

This form is provided in lieu of a formal transmittal and should be used for transmitting the Issue Fee. Sections 1A through 4 must be completed as appropriate.

INVENTOR(S) ADDRESS CHANGE SC/SERIAL NO. 6100 266120

INVENTOR'S NAME March 7, 1989

Street Address is being

City, State and ZIP Code with the United States Postal Service

CO-INVENTOR'S NAME as Mail Post Office to Addressee's service

Street Address under 37 C.F.R. 1.10 on the date indicated above

City, State and ZIP Code is addressed to the Commissioner of Patents and

Trademarks, Washington, D. C. 20231.

Street Address BOX ISSUE FEE

City, State and ZIP Code GEZINA HOLTRUST

(Typed or printed name of person mailing paper or fee)

Gezina Holtrust

☐ Check if additional changes are on reverse side of person mailing paper or fee)

MAILING INSTRUCTIONS

All further correspondence including the Issue Fee Receipt the Patent, and advanced orders will be mailed to the addressee entered in section 1 on PTOL-85c, unless you direct otherwise by specifying the appropriate name and address in 1A below.
(Note: See box 5 below for correspondence concerning maintenance fee payments.)

2A. The COMMISSIONER OF PATENTS AND TRADE-MARKS is requested to apply the Issue Fee to the application identified below.

(Signature of party in interest or record) (Date) 3/6/89
Gezina Holtrust Reg. No. 28,222

Note: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

SC/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
<u>6100 266120</u>	<u>01/22/88</u>	<u>009</u>	<u>SHEN, C</u>	<u>122 12/27/88</u>

First Named Applicant LOWE, JOHN A.

TITLE OF INVENTION ARYL PIPERAZINYL-(C2 OR C4)ALKYLENE HETEROCYCLIC COMPOUNDS HAVING NEUROLEPTIC ACTIVITY (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
<u>PC 7180A</u>	<u>514-254.000</u>	<u>P03</u>	<u>UTILITY</u>	<u>NO</u>	<u>\$560.00</u>	<u>03/27/89</u>

1A. Further correspondence to be mailed to the following:

Peter C. Richardson
Pfizer Inc.
235 East 42nd Street
New York, NY 10017-5755

2B. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Peter C. Richardson
2 Lawrence C. Akers
3 Gezina Holtrust

DO NOT USE THIS SPACE

G 11441 03/13/89 146886 16-1445 110 142 560.00CH
G 11442 03/13/89 146886 16-1445 110 501 15.00CH

3. ASSIGNMENT DATA (print or type)

- A. (1) ☐ This application is NOT assigned.
(2) ☒ Assignment previously submitted to the Patent and Trademark Office.
(3) ☐ Assignment submitted herewith.

B. For Printing On The Patent: (Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data below is only appropriate when an assignment has been previously submitted to the PTO or is submitted herewith. Completion of this form is NOT a substitute for filing of an assignment as required by 37 C.F.R. 1.334).

(1) NAME OF ASSIGNEE:
PFIZER INC.

(2) ADDRESS: (City & State or Country)
NEW YORK, NEW YORK

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION:
DELAWARE

4. The following fees are enclosed:

☐ Issue fee ☐ Advanced order ☐ Assignment recording

The following fees should be charged to deposit acc. no. 16-1445

(PTOL-85c or additional copy of PTOL-85b must be enclosed)

☒ Issue fee ☐ Assignment recording
☒ Advanced order ☐ Any additional fees due

Number of advanced order copies requested. 10
(must be for 10 or more copies)

5. All correspondence relating to maintenance fees will be addressed to the correspondence address unless a separate "Fee Address" is provided to the Patent and Trademark Office (37 C.F.R. 1.363). A "Fee Address" may be submitted by the owner of record with the payment of the issue fee or thereafter by using form PTO-1537.

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